



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E458159**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-02211
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	09 - 03 - 2015	TIME (2400)	0906	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) ☐ INTERSECTION ☒ NON-INTERSECTION ☐

STATE ROUTE 204 BLOCK NO. ☒ **8500**

MILE POST ☐

DISTANCE ☐ MILES ☐ FEET ☐ OF (REFERENCE OR CROSS STREET) **LUNDEEB PARKWAY**

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253248245**

LAST NAME **LYNN** FIRST NAME **ELIZABETH** MIDDLE INITIAL **A**

STREET NEW ADDRESS ☐ **10110 MOUNTAIN LOOP HWY APT 7**

CITY **GRANITE FALLS** ST **WA** ZIP **982529174**

CDL ☐ RESTRICTIONS **B** ENDORSEMENTS ☐

DRIVER'S LICENSE # **LYNN*EA116P6** STATE **WA** SEX **F** D.O.B. **10** - **26** - **1989**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES ☐

LICENSE PLATE # **APD3326** STATE **WA** VIN# **1HGCB7678NA154429**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **1992** MAKE **HOND** MODEL **ACD4D** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **THOMAS LYNN 3628 233RD AVE NE GRANITE FALLS WA 98252**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PEMCO CA 1094465**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4252197315**

LAST NAME **MCADAMS** FIRST NAME **JAMES** MIDDLE INITIAL **J**

STREET NEW ADDRESS ☐ **2209 ADAMS AVE**

CITY **EVERETT** ST **WA** ZIP **982035343**

CDL ☐ RESTRICTIONS **B** ENDORSEMENTS ☐

DRIVER'S LICENSE # **MCADAJJ412NP** STATE **WA** SEX **M** D.O.B. **08** - **17** - **1959**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES ☐

LICENSE PLATE # **C91380C** STATE **WA** VIN# **2GCEK19R6W1248788**

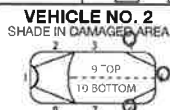
TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **1998** MAKE **CHEV** MODEL **K1PU** STYLE **PC** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **JAMES MCADAMS 2209 ADAMS AVE EVERETT WA 98203**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **AMERICAN COMMERCE ACPA-000080296**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐



OFFICER'S NAME (PRINT) **CHAD CHRISTENSEN** BADGE OR ID # **075** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E458159**

CASE # **15-02211**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit 2 was at a stop and just starting to move for the westbound green light on SR 204 at Lundeen Parkway. Unit 1 did not see Unit 2 was stop or slowly moving and rearended Unit 2 at its rear bumper. Both vehicles were driven from the location and there were no reported injuries.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

09-03-15 03:56 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

9/4/2015 3:08:13 AM

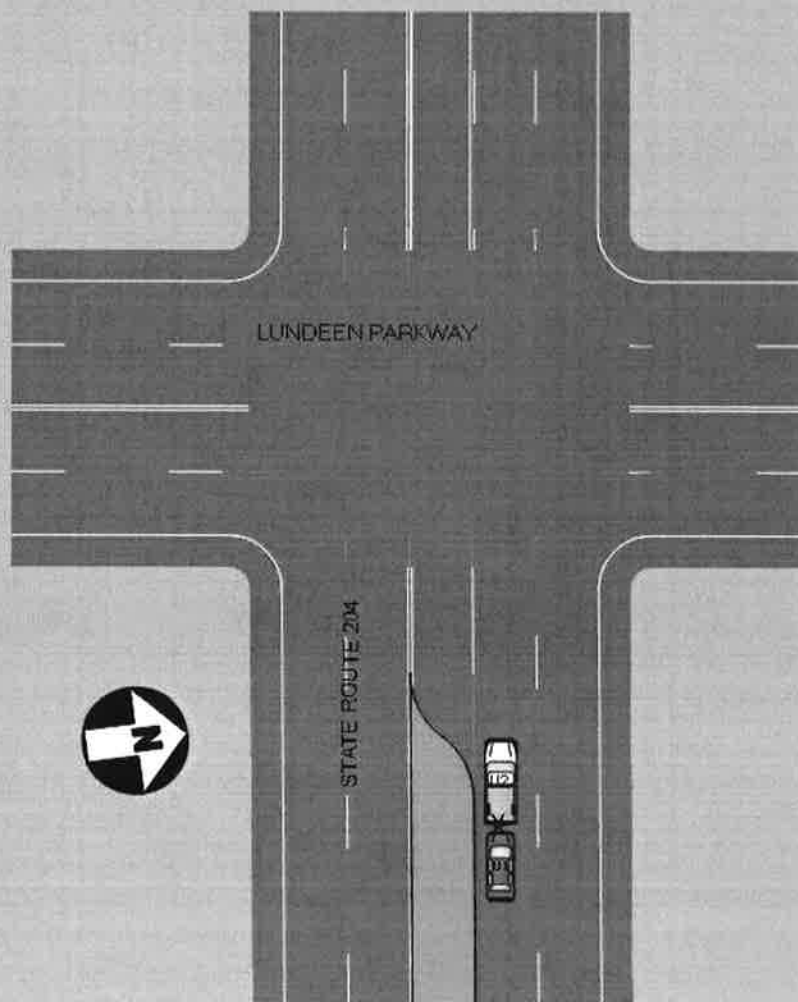
BADGE OR ID # **075**

ORI # **WA0311900**

TIME POLICE DISPATCHED **9:07 AM**

TIME POLICE ARRIVED **9:10 AM**

DRAWING IS NOT TO SCALE



STEVENS POLICE DEPARTMENT

WITNESS STATEMENT

CASE NUMBER

15-02211

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST, MIDDLE) MILADANS, JAMES	RACE W	ETH	SEX M	DOB 08-17-59	AGE 56	HGT 5-11	WGT 230	HAIR BLN	EYES BLU
STREET ADDRESS 2209 ADAMS AVE		CITY EVERETT			STATE WA	ZIP 98203	RES. STATUS			
HOME PHONE (425) 219-7315 (cell)		CELL PHONE			PLACE OF EMPLOYMENT ALPHA CORP					
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

AT APPROX 9:00 AM ON West Broadway 204 @ intersection of W. 204 & LUNDEN PK WY. WHILE AT A STOP LIGHT light turned green, AS I STARTED TO DRIVE I WAS HIT FROM BEHIND BY A FEMALE IN A LATE MODEL TAN 4 DOOR HONDA SEDAN.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED: 9/3/15	LOCATION SIGNED: AT SITE OF ACCIDENT
OFFICER/NUMBER: C. Chua #15	DATE SIGNED: 9/3/15	LOCATION SIGNED:

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PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-02211

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Lynn, Elizabeth A	RACE W	ETH	SEX F	DOB 10/26/1989	AGE 25	HGT 5'5"	WGT	HAIR blonde	EYES blue
STREET ADDRESS 3608 233 RD Ave NE		CITY Granite Falls			STATE WA	ZIP 98257	RES. STATUS			
HOME PHONE 360-692-9919		CELL PHONE 425-324-8245			PLACE OF EMPLOYMENT Sound Publishing					
WORK PHONE		EMAIL ADDRESS angelb2112@yahoo.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I did thought that I saw the light turn green. I press on the grass. I hit the truck in front of me around 9:00.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Elizabeth Lynn	DATE SIGNED: 9/3/2015	LOCATION SIGNED: 2047 Lundgreen way
OFFICER/NUMBER: A #75	DATE SIGNED: 9/3/15	LOCATION SIGNED:

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PAGE 1 OF 1